

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter 11

☐ Check if this an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Chicagoland's Medical Services Organization, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-5953905

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

4415 W. Harrison  
Suite 300  
Hillside, IL 60162

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Cook

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor

Chicagoland's Medical Services Organization, LLC

Document

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Case number (if known)

Name

## 7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

## 8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known
When	

Debtor

Chicagoland's Medical Services Organization, LLC

Document

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Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor

**Chicagoland's Medical Services Organization, LLC**  
Name

Document

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Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

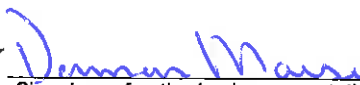
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-5-16  
MM / DD / YYYY

X   
Signature of authorized representative of debtor

Damon Morse  
Printed name

Title Manager

**18. Signature of attorney**

X   
Signature of attorney for debtor

Date 5-5-16  
MM / DD / YYYY

DAVID K. WELCH  
Printed name

Crane, Heyman, Simon, Welch & Clar  
Firm name

Suite 3705  
135 South LaSalle Street  
Chicago, IL 60603-4297

Number, Street, City, State & ZIP Code

Contact phone 312-641-6777

Email address

06183621

Bar number and State

Fill in this information to identify the case:

Debtor name **Chicagoland's Medical Services Organization, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

5-5-16

X

Damon Morse

Signature of individual signing on behalf of debtor

**Damon Morse**

Printed name

**Manager**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Chicagoland's Medical Services Organization, LLC**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alta Staff Elizabeth Parks, Accts Rcv PO Box 204653 Dallas, TX 75320-4653			Disputed			\$11,700.00
Amercian Express PO Box 0001 Los Angeles, CA 90096-8000						\$64,023.72
AT&T - High Speed Internet PO Box 5014 Carol Stream, IL 60197-5014						\$796.00
Availity James Bonney, Controller 740 E Cambell Road Ste 1000 Richardson, TX 75081						\$10,425.92
BlueCross BlueShield of Illinois 300 East Randolph Street Chicago, IL 60601						\$19,093.35
Genova Consulting Real Estate Services Alex Genova, Prinipal PO Box 2366 Ottawa, IL 61350						\$4,477.00
Kforce Darlene Culotta PO Box 277997 Atlanta, GA 30384-7997						\$1,546.90

Debtor **Chicagoland's Medical Services Organization, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Konica Minolta Premier Finance 1310 Madrid St Marshall, MN 56258						\$800.00
Managed Care Staffers Christopher Jepsen 2604 Dempster Street, Ste 305 Park Ridge, IL 60068						\$24,977.63
Marc Realty Jim Stouffer - Lease Admin 55 East Jackson Blvd, #500 Chicago, IL 60604						\$13,379.00
MCG Kevin Murphy, Accounts Receivable 901 Fifth Ave Ste 2000 Seattle, WA 98164						\$29,075.00
Medvision - QuickCap Attn: Dan Rukavina 3233 Arlington Heights Rd., #307 Arlington Heights, IL 60004						\$18,263.50
Microdyne Medical Systems William Voss 11405 N. Pennsylvannia St., #109 Carmel, IN 46032						\$7,260.00
Nixon Peabody LLP Joe Hallowell, Finance Analyst 70 West Madison, Suite 3500 Chicago, IL 60602						\$44,564.75
Pitney Bowes 2225 American Drive Neenah, WI 54956						\$750.00
Purchase Power - PB PO Box 371874 Pittsburgh, PA 15250-7874						\$2,500.00

Debtor **Chicagoland's Medical Services Organization, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Raxity Tim Horstman 1585 Beverly Ct Ste 108 Aurora, IL 60502			Disputed			\$58,041.29
Synchrony Bank PO Box 960013 Orlando, FL 32896						\$2,213.62
Tora Printing Tom Geiser 1500 N Greenview Ave Chicago, IL 60642						\$2,000.00
WCEDI Brendan Friar, President 4250 Veterans Memorial Hwy #301 Holbrook, NY 11741						\$698.94



<p>Alta Staff Case 16-15403 Doc 1  Elizabeth Parks, Accts Rcv  PO Box 204653  Dallas, TX 75320-4653</p>	<p>Filed 05/05/16 Entered 05/05/16 14:04:00 Desc Main Document Page 9 of 11  IP/Special Procedures Branch  230 S. Dearborn, #0030A  Attn: STOP 5010-CHI  Chicago, IL 60604</p>	<p>Microsoft 365  Microsoft Service Company  Las Vegas, NV 89119</p>
<p>Amercian Express  PO Box 0001  Los Angeles, CA 90096-8000</p>	<p>Kforce  Darlene Culotta  PO Box 277997  Atlanta, GA 30384-7997</p>	<p>Nixon Peabody LLP  Joe Hallowell, Finance Analyst  70 West Madison, Suite 3500  Chicago, IL 60602</p>
<p>AT&amp;T - High Speed Internet  PO Box 5014  Carol Stream, IL 60197-5014</p>	<p>Konica Minolta Business Services  Lou Hafencher, Sr. Account Exec  DEPT. CH 19188  Palatine, IL 60055</p>	<p>Paul Provaznik  David McGrath LLC  125 S. Wacker Dr., Suite 1700  Chicago, IL 60606</p>
<p>Availity  James Bonney, Controller  740 E Cambell Road Ste 1000  Richardson, TX 75081</p>	<p>Konica Minolta Premier Finance  1310 Madrid St  Marshall, MN 56258</p>	<p>Pitney Bowes  2225 American Drive  Neenah, WI 54956</p>
<p>BlueCross BlueShield of Illinois  300 East Randolph Street  Chicago, IL 60601</p>	<p>Lake Forest Bank (Line of Credit)  Attn: Katherine Wiswald  1949 St. Johns Ave.  Highland Park, IL 60035</p>	<p>Professional Practice Consultants, In  Sandy Anderson  760 Village Center Drive, Suite 240  Burr Ridge, IL 60527</p>
<p>CONCORD  PO Box 864  Seattle, WA 98111</p>	<p>Managed Care Staffers  Christopher Jepsen  2604 Dempster Street, Ste 305  Park Ridge, IL 60068</p>	<p>Proshred  Patrick Keable  7700 Graphics Dr  Tinley Park, IL 60477</p>
<p>Damon and Amanda Morse  1251 Wind Energy Pass  Batavia, IL 60510</p>	<p>Marc Realty  Jim Stouffer - Lease Admin  55 East Jackson Blvd, #500  Chicago, IL 60604</p>	<p>Purchase Power - PB  PO Box 371874  Pittsburgh, PA 15250-7874</p>
<p>Genova Consulting Real Estate Services  Alex Genova, Prinipal  PO Box 2366  Ottawa, IL 61350</p>	<p>MCG  Kevin Murphy, Accounts Receivable  901 Fifth Ave Ste 2000  Seattle, WA 98164</p>	<p>Purdum Gray Ingledue Beck  Beau J. Ingledue  215 E Jackson  Macomb, IL 61455</p>
<p>Illinois Department of Revenue  100 W. Randolph St.  Legal Services M/C 7-900  Chicago, IL 60601</p>	<p>Medvision - QuickCap  Attn: Dan Rukavina  3233 Arlington Heights Rd., #307  Arlington Heights, IL 60004</p>	<p>Raxity  Tim Horstman  1585 Beverly Ct Ste 108  Aurora, IL 60502</p>
<p>Intuit  2700 Coast Ave.  Mountain View, CA 94043-1140</p>	<p>Microdyne Medical Systems  William Voss  11405 N. Pennsylvannia St., #109  Carmel, IN 46032</p>	<p>Syncrony Bank  PO Box 960013  Orlando, FL 32896</p>

Verizon Wireless  
600 Coolidge Dr.  
Folsom, CA 95630-3155

WCEDI  
Brendan Friar, President  
4250 Veterans Memorial Hwy #301  
Holbrook, NY 11741

**United States Bankruptcy Court  
Northern District of Illinois**

In re Chicagoland's Medical Services Organization, LLC

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Chicagoland's Medical Services Organization, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

5-5-16  
Date

  
\_\_\_\_\_  
DAVID K. WELCH

Signature of Attorney or Litigant

Counsel for Chicagoland's Medical Services Organization, LLC

Crane, Heyman, Simon, Welch & Clar

Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

312-641-6777 Fax: 312-641-7114